

COSMETOLOGY NOTICE OF CHANGE AND DUPLICATE LICENSE REQUEST INSTRUCTIONS

You must apply for a new salon license if:

- **your salon changes location; or**
- **there is a change in owners.**

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CASHIER'S CHECK OR MONEY ORDER.

1. INDIVIDUAL NAME – Write your name as it appears on your cosmetology license if you are making changes or requesting a duplicate of an individual license. For example, a cosmetology operator, manicurist, or esthetician.
2. SALON NAME - Write the name of your salon as it appears on your salon license if you are making changes or requesting a duplicate of your salon license.
3. COSMETOLOGY LICENSE NUMBER– Write your complete license number as it appears on your individual or cosmetology salon license.
4. UPDATE MY EMAIL ADDRESS – Write your new email address. Please provide your email address so the department may email license information and required notices to you. Your email address is confidential pursuant to the Texas Public Information Act, and the department will not share it with the public.
5. NOTIFICATION OF CHANGE ONLY - Check this box if you want to make changes to your contact information, such as your telephone number, mailing address, or email address.
6. DUPLICATE LICENSE REQUEST - Check the appropriate box if you want a duplicate of your cosmetology license. If your individual name or salon name has changed, you must include the \$25 fee for each duplicate.
7. CHECK LICENSE TYPE - Check the license type(s) that you are requesting a duplicate.
8. UPDATE MY NAME - Write your new legal name in the spaces provided. You must submit a copy of a government issued ID or legal document approving or indicating your name change, such as a marriage license, court petition for name change, or certificate of naturalization. You must submit a \$25 duplicate/update license fee with this application, if you want an updated license that shows your new name. (See item six)
9. UPDATE MY SALON NAME - Write your new salon name in the space provided. You must apply for a new salon license if there was a change in owners or the salon changed locations. You must submit a \$25 duplicate/update license fee with this application, if you want an updated license that shows the new salon name. (See item six)
10. UPDATE MY MAILING ADDRESS - Write your new mailing address in the spaces provided. This is the address where we will send you mail. This address can be a post office box.
11. UPDATE MY PHONE NUMBER - Write your new phone number, including the area code.
12. DATE AND SIGNATURE - Date and sign your request form. Changes to your record cannot be made if your request is not signed.



TEXAS DEPARTMENT OF LICENSING AND REGULATION
PO Box 12157 • Austin, Texas 78711-2157
(800) 803-9202 • (512) 463-6599 • FAX (512) 475-2871
www.tdlr.texas.gov • cs.cosmetologists@tdlr.texas.gov

FOR LICENSING USE ONLY

COSMETOLOGY NOTICE OF CHANGE AND DUPLICATE LICENSE REQUEST

FOR FINANCIAL SERVICES USE ONLY

Do Not Write Above This Line	
DUPLICATE LICENSE FEE: \$25 (FEE IS NON-REFUNDABLE)	
PAYMENTS MUST BE IN THE FORM OF A CASHIER'S CHECK OR MONEY ORDER PAYABLE TO TDLR.	
1. Individual Name: (if applicable and as it appears on your cosmetology license) <div><div>_____</div><div>_____</div><div>_____</div><div>_____</div></div> <div>Last First Middle Initial Suffix (JR, SR, III)</div>	
2. Salon Name: (If applicable and as it appears on your salon license) _____	
3. Cosmetology License Number: _____	4. Update My Email Address: _____ (Ex: johndoe@aol.com) See instruction sheet for disclosure information
5. Notification of Change Only: (No Cost) <input type="checkbox"/> My contact information changed	6. Duplicate License Request: (\$25 Fee Required) <input type="checkbox"/> Duplicate requested because my license was lost or stolen <input type="checkbox"/> Duplicate requested because my name changed <input type="checkbox"/> Duplicate requested because my salon name changed <input type="checkbox"/> I need additional copies of my license <input type="checkbox"/> Other
7. Check License Type(s): <div><input type="checkbox"/> Cosmetology Operator <input type="checkbox"/> Esthetician <input type="checkbox"/> Manicurist <input type="checkbox"/> Hair Braider <input type="checkbox"/> Hair Weaver <input type="checkbox"/> Eyelash Extension <input type="checkbox"/> Esthetician/Manicurist <input type="checkbox"/> Salon <input type="checkbox"/> Cosmetology Instructor</div>	
8. Update My Name: (Documentation required) <div><div>_____</div><div>_____</div><div>_____</div><div>_____</div></div> <div>Last First Middle Initial Suffix (JR, SR, III)</div>	
9. Update My Salon Name: _____	
10. Update My Mailing Address: (PO Box is allowed for this address) _____ _____ _____	
Number, Street Name, Suite Name/Apartment Number _____ _____ _____	11. Update My Phone Number: (_____) _____ Area Code Phone Number
12. Date and Signature: <div><div>_____</div><div>_____</div></div> <div>Date Signed Signature of Licensee</div>	